ALASKA MEDICAID
Prior Authorization Criteria

Amrix® (cyclobenzaprine extended release)

INDICATIONS AND USAGE

Adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions.

Limitations:

- To be used only for short periods (up to 2 or 3 weeks)
- Not found effective in the treatment of spasticity or cerebral palsy

APPROVAL CRITERIA

1. The dispensing pharmacy may override PA for patients in hospice, or who have cancer, or are in a LTC facility; **OR**
2. Treatment with immediate release cyclobenzaprine 5mg or 10mg for at least 5 days has been less than optimal; **AND**
3. The patient is being treated for relief of an acute, painful musculoskeletal condition; **AND**
4. The patient is 18 to 65 years of age.

DENIAL CRITERIA

1. Hyperthyroidism (please address thyroid status in authorization request)
2. Concurrent use of a monoamine oxidase inhibitor (MAOI)

DURATION OF APPROVAL, LIMITATIONS

1. Dispensing limit is 21 capsules for a 21 day supply
2. Medication may be approved for 21 days only. No refills will be authorized and a new PA must be requested for each 21 day supply.

REFERENCES

1. Amrix [package insert]. North Wales, PA; Teva Pharmaceuticals USA, Inc., June 2013.
2. Amrix monograph, Clinical Pharmacology. Accessed 05/28/2009.